

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028024

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 145

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		c. CITY OR TOWN TRENTON	
Length of stay in lb 27 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION WHITEFIELD NURSING HOME		d. STREET ADDRESS (If outside, give location) 1914 MABLE ST.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LURA MAE COOPER		4. DATE OF DEATH Month JULY Day 31 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1869
9. AGE (last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	
11. BIRTHPLACE (City and state or country) LIVINGSTON CO., MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME NEWTON J. HICKS		13b. MOTHER'S MAIDEN NAME SARAH WOODS	
14. NAME OF HUSBAND OR WIFE CHARLES COOPER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT DAN RAYMOND COOPER: WAYNES, MICH.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer Cervical Failure</i> DUE TO (b) <i>Probably fracture of hip</i> DUE TO (c) <i>fall</i>		INTERVAL BETWEEN ONSET AND DEATH 1 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fell on floor</i>	
20c. TIME OF INJURY Hour 6:20 a.m. Month, Day, Year 7/2/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>In home</i>	20f. CITY, TOWN, OR LOCATION <i>Trenton</i>
21. I attended the deceased from <i>Apr 43</i> to <i>July 31 63</i> and last saw her alive on <i>July 23 63</i> Death occurred at <i>7:10</i> A on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>EJ. Lucas MD</i>	
22b. ADDRESS <i>Trenton MO</i>		22c. DATE SIGNED <i>8/2/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/2/63	23c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT CEMETERY	23d. LOCATION (City, town, or county) LIVINGSTON COUNTY, MO.
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: CHILlicothe, MO.		25. DATE RECD. BY LOCAL REG. 8-1-63	26. REGISTRAR'S SIGNATURE <i>Dupe Fair</i>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Elton L. Norman

Licensed Embalmer No. 4036

P. O. Address CHILlicothe, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).—

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.